

TOTAL FEE - \$190.00

\$50 application fee

(non-refundable)

\$125 license fee

**\$15 criminal record
check fee**

**(both refundable if license
is denied)**

APPLICATION FOR LICENSURE

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION

Office of Licensing & Registration

BOARD OF LICENSING OF AUCTIONEERS

35 STATE HOUSE STATION AUGUSTA, ME 04333-0035

PHONE (207) 624-8521 FAX (207) 624-8637 HEARING IMPAIRED (207) 624-8563

Email – deborah.a.fales@maine.gov WEB – www.maineprofessionalreg.org

DO NOT WRITE IN THIS BOX.
FOR OFFICE USE ONLY

Pmt. _____

CK#. _____

Cash No. _____

- **ENCLOSE: \$190 CHECK OR MONEY ORDER PAYABLE TO TREASURER STATE OF MAINE
CRIMINAL RECORD CHECK FORM
\$10,000 SURETY BOND
NONRESIDENTS MUST PROVIDE AN IRREVOCABLE CONSENT AGREEMENT**

This application is a public record for the purposes of the Maine Freedom of Access Law, 1 MRSA §401, et. Seq. Public records must be made available to any person upon request. Your application for licensure is a public record and information that you supply as part of the application (other than your social security number) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Your name, license number, and mailing address listed on your application will be available to the public and may be posted on our website.

APPLICANT INFORMATION (print legibly in ink)

FULL LEGAL NAME: _____
FIRST MIDDLE INITIAL LAST

AGE _____ DATE OF BIRTH: ____/____/____ SOCIAL SECURITY # ____/____/____

SIGNATURE: _____

The following statement is made pursuant to the Privacy Act of 1974, §7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1975 (42 U.S.C. §405(C)(2)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

CONTACT ADDRESS *YOU MUST INDICATE AN ADDRESS IN THIS BOX*

This address is considered public information and will be available to the public and posted on the internet. Indicate a business address, P O Box or other non-home address in this box if you do not wish to have your home address released to the public.

Street/PO Box _____

CITY _____ COUNTY _____

STATE _____ ZIP (+4) _____ - _____ PH () _____ - _____ EMAIL (Opt.) _____

HOME/LEGAL RESIDENCE PLEASE NOTE: Home Address is considered public information and will be released to the public and posted on the internet if it is the same as the Contact Address you have entered above.

Street/PO Box _____

CITY _____ COUNTY _____

STATE _____ ZIP (+4) _____ - _____ PH () _____ - _____ EMAIL (Opt.) _____

Have you ever held a Maine auctioneer's license? ☐ NO ☐ YES *If yes, indicate expire date.* _____

Do you currently hold an auctioneer's license in another state or jurisdiction? ☐ NO ☐ YES
If yes, include with this application a certificate of good standing from each state and/or jurisdiction.

Have you ever been convicted of any type of crime? ☐ NO ☐ YES
If yes, provide a written statement on a separate sheet that includes the date of the offense and a detailed description of the circumstances surrounding the conviction. Submit the statement and a copy of the court judgment(s) with this application.

Have you ever had any type of professional license revoked or suspended in this or any other state? ☐ NO ☐ YES
If yes, complete the following:

| | | | | | |
|------------------------|--|--|--|--|--|
| Type of License Held | | | | | |
| Licensing State | | | | | |
| License Expire Date | | | | | |
| Date Suspended/Revoked | | | | | |

REFERENCES - Furnish the notarized recommendation of at least two references who have acknowledged before a notary that they have known the applicant for at least one year and that the applicant has such a reputation as to create a rebuttable presumption that the applicant meets the qualifications for licensing.

REFERENCE ONE - Read the statement below, print your name and full mailing address and sign in the presence of a notary public.

I, the undersigned, serving as reference to the applicant's good character to work as an auctioneer, hereby swear that I am not related to the applicant. I also attest that the applicant is trustworthy and competent to conduct auctions in a manner that safeguards the interests of the public and recommend that the type of license for which application is made be granted.

Reference's Printed Name_____

Street/PO Box, City, State, Zip_____

Day time Phone Number (_____)_____

Reference's Notarized Signature_____

TO BE COMPLETED BY NOTARY PUBLIC: The above named personally appeared before me and being duly sworn according to law did sign this document in my presence as reference to the applicant's good character and recommends that applicant be granted the license sought.

Sworn and subscribed to before me in the city/town of _____ this _____ day of _____ 20____.

Signature of Notary Public

Term of Commission

REFERENCE TWO - Read the statement below, print your name and full mailing address and sign in the presence of a notary public.

I, the undersigned, serving as reference to the applicant's good character to work as an auctioneer, hereby swear that I am not related to the applicant. I also attest that the applicant is trustworthy and competent to conduct auctions in a manner that safeguards the interests of the public and recommend that the type of license for which application is made be granted.

Reference's Printed Name_____

Street/PO Box, City, State, Zip_____

Day time Phone Number (_____)_____

Reference's Notarized Signature_____

TO BE COMPLETED BY NOTARY PUBLIC: The above named personally appeared before me and being duly sworn according to law did sign this document in my presence as reference to the applicant's good character and recommends that applicant be granted the license sought.

Sworn and subscribed to before me in the city/town of _____ this _____ day of _____ 20____.

APPLICANT'S SIGNATURE

By submitting this application I understand that the Board of Licensing of Auctioneers will rely upon this information for issuance of my license and that this information is truthful and factual and that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Applicant's Signature_____Date_____